BIRCH, STEWART, KOLASCH & BIRCH, LLP

1907-0219PUS1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	LIQUID CRYSTAL DISPLAY DEVICE								
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:								
Information -	The specification was filed on								
For Use Without	United States Application Number								
Specification	and amended o	(if applicable) and/	or						
Attached:	International A	as PC1							
	amended on	June 21, 200	le 34	as PCT and was (if applicable)					
Insert Priority Information:	I hereby state to amended by any am I acknowledge Regulations, §1.56. I do not know at thereof, or patented year prior to this apprior to this apprior to this applicadate of this applicadate of this application by me of I hereby claim or inventor's certifica filing date before the Prior Foreign Appring 178703	d specification, including the class defined in Title 37, Code of of America before my or our in ur invention thereof or more that of inventor's certificate issued be application filed by me or in pplication, and that no applica United States of America prior of any foreign application(s) for patent or inventor's certificate. Priority Claim.	ecification, including the claims, as fined in Title 37, Code of Federal America before my or our invention evention thereof or more than one year entor's certificate issued before the plication filed by me or my legal cation, and that no application for ited States of America prior to this my foreign application(s) for patent tent or inventor's certificate having						
(if appropriate)	(Number)	(Country)	·	(Month/Day/Year Filed)		ı			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)		(Month/Day/Year Filed)					
	(Number)	(Country)		(Month/Day/Year Filed)	Pes No				
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional Application(s): (if any)	(Application Number	r)		(Filing Date)					
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested Information: (if appropriate)	Country		Application Number	Date of Filin	g (Month/Day/Year)				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Numbe	r)	(Filing Date)	(Status - pat	ented, pending, abandoned)				
Page 1 of 2 (Rev. 05/2004)	(Application Numbe	r)	(Filing Date)	(Status - pat	ented, pending, abandoned)				

Rec'd PCT/PTO196160DEC12004

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: neet Name of	GIVEN NAME/FAMILY NAME MLESUO NAKAYAMA	INVENTOR'S SIGNATURE		DATE*					
Inventor resert Date The Document is Signed	The same of the sa	Mitsuo Nakayama		22/NOV/2004					
nsert Residence insert Citizenship —	Residence (City, State & Country) Shioya-gun, Tochigi, Japan On)	. ,	CITIZENSHII JAPAN						
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Full Name of Third Investor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Finith Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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Full Name of Fifth Inventor, if any: See above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
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Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE